



# Assisted Living Quarterly Update

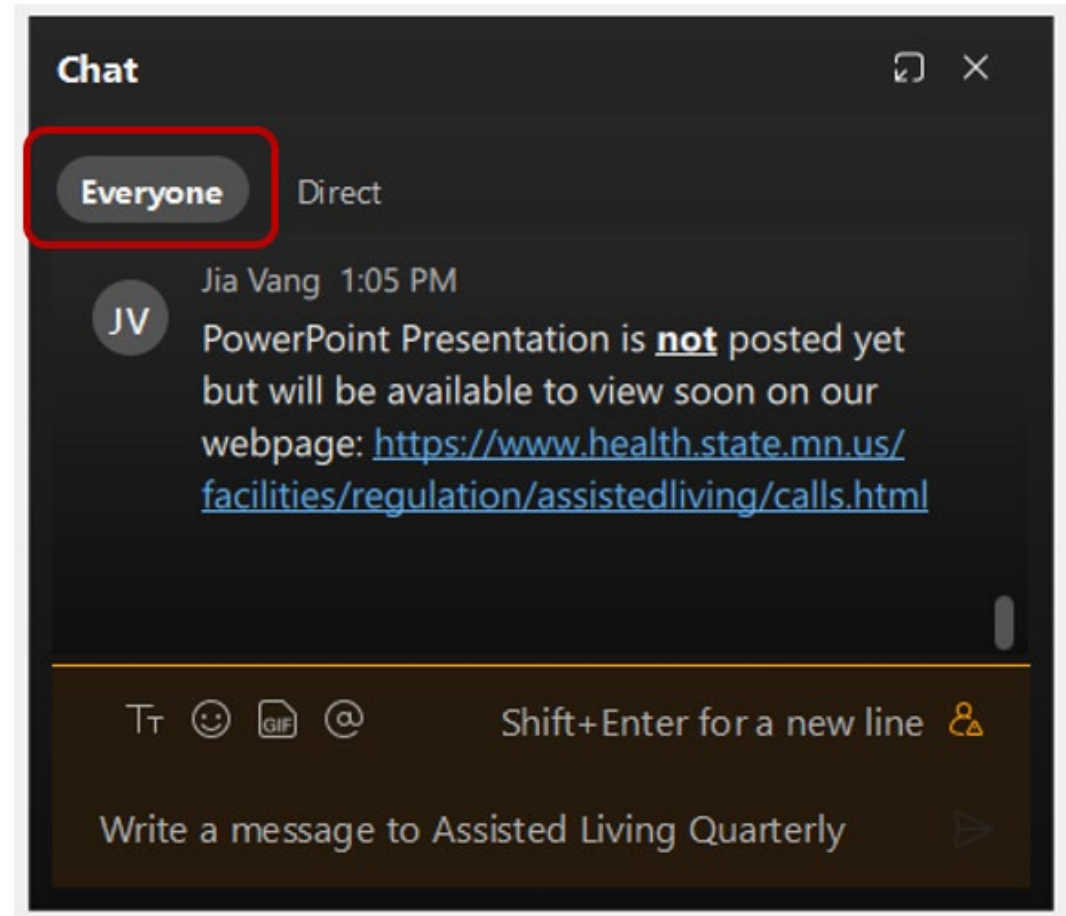
April 30, 2026

# Webex Participants

## Participants are muted.

To ask a question, click on the chat bubble to open the chat, select “Everyone”, and ask a question or provide a comment. Messages sent directly may not be addressed due to logistics.

We will answer as many questions as we can at the end of our time today.



# Agenda

TOPIC	SPEAKER
Assisted Living Data & Trends: <ul style="list-style-type: none"><li>• Licensing</li><li>• Survey</li><li>• Complaint Investigation</li><li>• Reconsideration</li></ul>	<ul style="list-style-type: none"><li>• Rick Michals</li><li>• Amy Hyers</li><li>• Matt Heffron</li><li>• Ben Hanson</li></ul>
Home Care & Assisted Living Resources Project Update	Daphne Ponds
Plan Review	Bob Dehler



## Assisted Living Data and Trends



# Licensing Update

Rick Michals | Executive Operations Manager

# Assisted Living Licenses by Calendar Year

(as of 4.17.2026)

Provider Type	2021	2022	2023	2024	2025	2026
ALF / PALF	1462	1548	1633	1595	1683	1820
ALFDC / PALFDC	591	599	611	609	604	608
<b>Total</b>	<b>2053</b>	<b>2147</b>	<b>2244</b>	<b>2204</b>	<b>2287</b>	<b>2428</b>

# Change of Ownership (CHOW) by Calendar Year

(as of 4.17.2026)

Year	ALF & ALFDC CHOWs
2021	12
2022	72
2023	57
2024	88
2025	144
2026	73



# License Closure Numbers by Calendar Year

(as of 4.29.2026)

CLOSURES	2021	2022	2023	2024	2025	2026
ALF/ALFDC	24	133	133	167	116	36

Common reasons for closure include low census, financial issues, and transition to other license types including CRS/245D.

# Relocation Licenses by Calendar Year

(as of 4.17.2026)

## 144G.195 Subdivision 1. **New license not required.**

(a) **Beginning March 15, 2025**, an assisted living facility with a licensed resident capacity of five residents or fewer may operate under the licensee's current license if the facility is relocated with the approval of the commissioner of health during the period the current license is valid.

Year	ALF	ALFDC
2025	21	0
2026	5	0

# Relocation Application Reminders

- MDH must review the building's architectural plans, inspect the new physical location, and approve or deny the relocation license **within 30 calendar days of receiving a relocation application.**
- **MDH does not have discretion to extend the 30-day timeline,** even if the submitted plans are noncompliant or the new location fails inspection.
- It is critical licensees ensure the new physical location fully complies with all [Chapter 144G](#) requirements at the time the relocation application is submitted.



# Protected Title

## Minn. Stat. 144G.10, subd. 5

- The phrase “assisted living” is a protected title that may only be used by a person or entity in the context of participating in 144G requirements.
- Effective January 1, 2027, the name of an assisted living facility or assisted living facility with dementia care may not include the terms “home care” or “nursing home” in the licensee’s name.
- For example, if a licensed assisted living facility is named *ABC Home Care Services*, then the facility will need to change its business name by January 1, 2027, to be compliant with protected title requirements.

# OpenGov – New Licensing System!

Assisted living licensees will begin utilizing a new online electronic application system beginning July 2026!

The MDH eLicensing Project creates a standardized online licensing system for MDH to accept applications, process renewals, accept online payment methods, share status updates with applicants, and provide management reports.

- Includes licenses in Environmental Health (EH) and the Health Regulation Division (HRD).
- Includes both State and Federal providers.



# Assisted Living Surveys

Amy Hyers | Regional Operations Manager

# Assisted Living Surveys Completed Fiscal Year 2026 Q1 and Q2 (July 1, 2025-Dec 31, 2025)

Assisted Living Facilities (ALF) = 297

ALF Change of Ownership (CHOW) = 9

Assisted Living Facility with Dementia Care (ALFDC) = 192

ALFDC CHOW = 0

Provisional ALF (PALF) = 11

PALFDC = 0

**TOTAL = 509** [out of approximately 2169 licensees at that time]



# Assisted Living *CLINICAL* Correction Order Trends

## Fiscal Year 2026 Q1 and Q2 (July 1, 2025-Dec 31, 2025)

AL Tag #	Description of Violation	Tag Frequency
0680	Disaster Planning & Emergency Preparedness	367
1620	Initial Reviews, Assessments, and Monitoring	282
0660	Tuberculosis Prevention and Control	256
1890	Prescription Drugs	249
0510	Infection Control Program	233
2310	Appropriate Care and Services	227
1760	Documentation of Administration of Medications	226
0650	Employee/Staff Records	222
1640	Service Plan, implementation and revisions	220
0470	Staffing Plan	211

## Tag 1530:

144G.64 TRAINING IN DEMENTIA, MENTAL ILLNESS, AND DE-ESCALATION REQUIRED.

(a) All assisted living facilities must meet the following dementia care, **mental illness**, and **de-escalation** training requirements...

- 12<sup>th</sup> for FY 2026 Q1 and Q2
- 179 citations





# Assisted Living Complaints

Matt Heffron | Assistant Division Director

State Rapid Response conducts timely and equitable investigations, to support accountability, closure, and improvement in safety and quality of care in Minnesota's health care facilities.



# Overall Complaint Trends

- During calendar year 2025, we investigated over 900 incidents in assisted living facilities.
  - Most investigations included a maltreatment component under the Vulnerable Adults Act; however, this also includes around 170 which were compliance-only.
- Assisted living facilities serve a diverse population with a wide variety of needs; these investigations are in facilities of all sizes in every part of the state.

# General Principles

- Effective care starts with the pre-admission assessment and determining if the individual is appropriate for the setting.
- Person-center care planning and delivery.
  - Knowing and documenting resident preferences.
  - Least restrictive intervention which meets the need.
- Staff sufficient in numbers and qualifications to meet the needs.



When conducting the pre-admission assessment, it is important to take a broad view of the resident's needs and vulnerabilities:

- Health/medical needs, including ADLs, medications, and mobility.
- Mental health needs.
- Risks related to falls, evacuation ability, elopement, and other issues.
- Vulnerability to abuse.
- Behavioral issues which may impact the safety of other residents or your staff.

# Initial Assessment, continued

- The pre-admission assessment must contain everything required on the uniform assessment tool.
- You must be able to meet the scheduled and "foreseeable unscheduled needs" of the resident.
- You must be able to respond effectively to individual resident emergencies.

# Overdose Prevention and Response

Everything starts with observation and assessment.

When signs and symptoms of a substance use disorder are identified by direct care staff, these must be brought to the attention of the nurse. When repeated overdoses occur, the outcome for residents can be fatal.



Developing, documenting, and implementing interventions for both prevention and response can save a life.

**Prevention** includes monitoring, activities, offering treatment and alternatives, etc.

**Response** includes actions to take when the resident appears to have used or be under the influence. Additional monitoring and safety checks can benefit the resident. Narcan administration, by the facility or EMS, is often successful.

# Drug Diversion

- Theft of controlled substances from health care facilities is a persistent problem.
- Every health care facility need to proactively monitor any controlled substances they store, manage, or administer.
- In general, individuals who engage in drug diversion start by covering it up in sophisticated ways and gradually become less effective in doing so as their substance use disorder escalates.
- Controlled substances should be controlled along the entire chain from receipt at the facility to being used by the resident.





# Reconsideration

Ben Hanson | Reconsideration Unit Supervisor

# Reconsideration Requests Received

## CY 2025

### Appeal Types

- Correction Orders = 138
- Maltreatment = 75
- License Denials = 18
- Late Renewal Fee = 9

### Appellant Identities

- Facility = 182
- Substantiated Perpetrators = 25
- On behalf of Vulnerable Adults = 25

# Correction Order Reconsiderations

## CY 2025

### Most Frequently Contested Tags:

- 0775 - Fire Code = 18
- 0110 - ALD Required = 17
- 1290 - Background Studies = 14
- 340 - Corrective Actions = 13
- 0780 - Smoke Alarms = 12
- 2310 - Approp. Care and Services = 8

- 61 different tags contested
- Biggest Theme = Fire Protection/Physical Environment
- Others:
  - Background Studies
  - Appropriate Care and Services
  - Did not incorporate 2360 for maltreatment

# Correction Order Reconsideration Outcomes

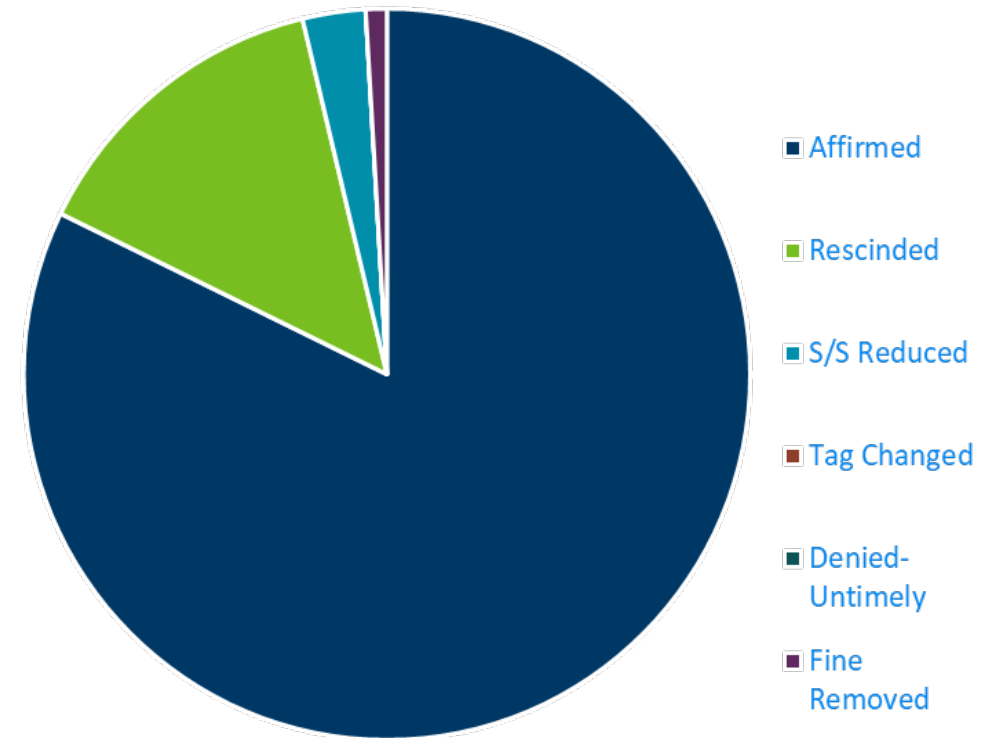
## CY 2025

Tags Reviewed = 107

### Outcomes:

- Affirmed = 88 (82.24%)
- Rescinded = 15 (14.01%)
- S/S Reduced = 3 (2.8%)
- Fine Removed = 1 (0.93%)

Reconsideration Outcomes



## Reasons for Change:

- Documentation (7): Either documentation provided in reconsideration or a lack of sufficient documentation in the records resulted in a change.
- Misapplication of statute/rule (4): The facts found by the survey did not constitute a violation of the statute.

## No pattern of tags being overturned

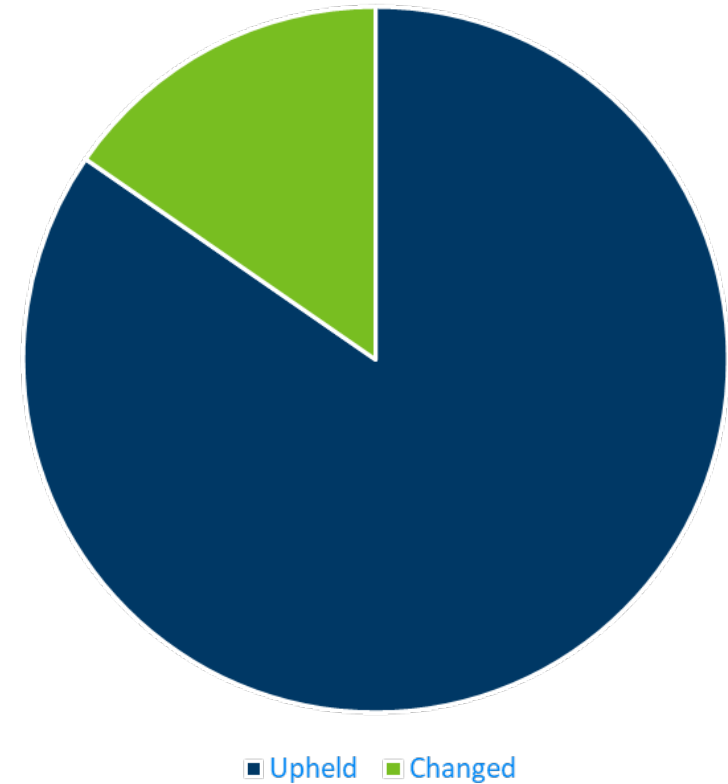
# Maltreatment Reconsideration Outcomes

CY 2025

Total Determinations = 78

- Upheld = 66 (84.61%)
- Changed from Substantiated to Inconclusive/Not Substantiated = 11
- Changed from Inconclusive/Not Substantiated to Substantiated = 1

Maltreatment Reconsideration Outcomes





Home Care & Assisted Living Resources Project

# Home Care & Assisted Living Resources Project (1/2)

The Home Care & Assisted Living Advisory Council submitted its 2024 annual recommendations to the Commissioner of Health which included recommendations to create home care and assisted living educational resources for licenses.

MDH posted a Request for Proposal (RFP) on behalf of the Advisory Council to provide the expertise, experience, and knowledge to meet three goals:

**Task 1:** Create forms that follow the required laws and provide training materials that help licensees understand what they need to do to meet compliance and communicate effectively.

**Task 2:** Build a digital toolkit that helps Minnesota home care and assisted living applicants and providers understand the statutory requirements they must meet before applying for or maintaining a license.

**Task 3:** Provide trainings for surveyors and providers focused on Minnesota's Home Care and Assisted Living statutes.

# Home Care & Assisted Living Resources Project (2/2)

The RFP was awarded to Stratis Health with a contract executed on September 10, 2025, and the work plan commenced.

Stratis Health process to identify the focus of the digital toolkit and regulatory guidance documents centered on a three-prong approach:

- Data analysis
- Partner outreach (licensees, provider associations, Ombudsmen, consumer advocates, Advisory Council representatives, and others)
- Structured prioritization of information

# Digital Toolkit & Guidance Development Approach

- Co-Design to Meet Provider Needs
- Highlight Existing Resources
- Promote Critical Thinking
- Support Practical Application
- Provide Supportive Guidance
- Ensure Long-Term Usability



# Recent Workplan Timeline

## March

- Draft and format toolkit, forms, and tools

## May

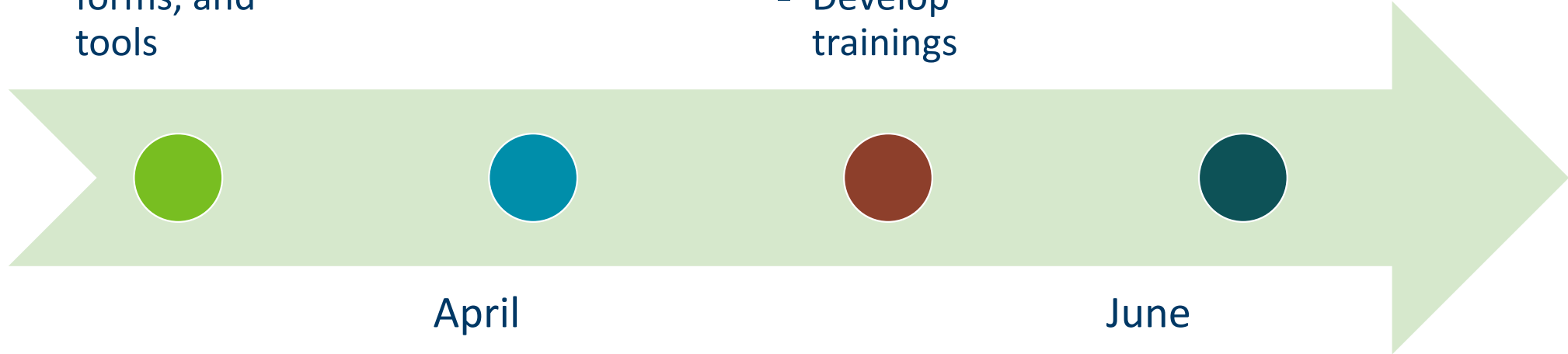
- Pilot Test & Finalize
- Develop trainings

## April

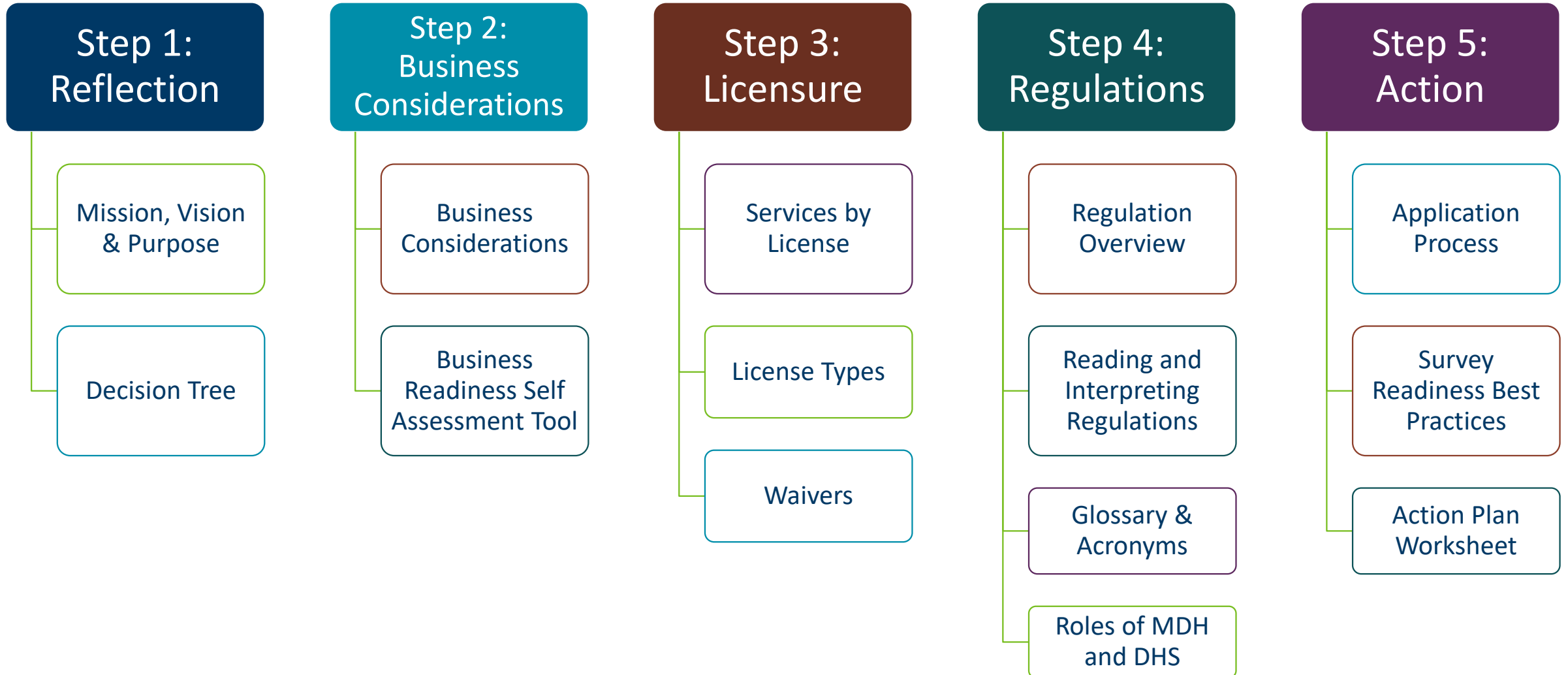
- Complete drafts

## June

- Publish digital toolkit, forms, and tools
- Continue training development



# Minnesota Assisted Living & Home Care Provider Licensing & Regulation Support Digital Toolkit



Service Plan

Fire Safety

Quality  
Management

Medication  
Management

Staffing Plan

Employee  
Records

- The *Minnesota Assisted Living & Home Care Provider Licensing & Regulation Support Digital Toolkit* should be available via the MDH website in June 2026 as a free educational resource to home care and assisted living providers, stakeholders, and members of the public. Regulatory guidance documents will follow.
- Joint MDH surveyor and licensee virtual training on the toolkit and regulatory document resources will be held. Tentatively scheduled for August/early September.

Updates as information is made available will be sent via GovDelivery to home care and assisted living licensees.



# Plan Review

Bob Dehler, P.E. | Engineering Manger

# Plan Review Agenda

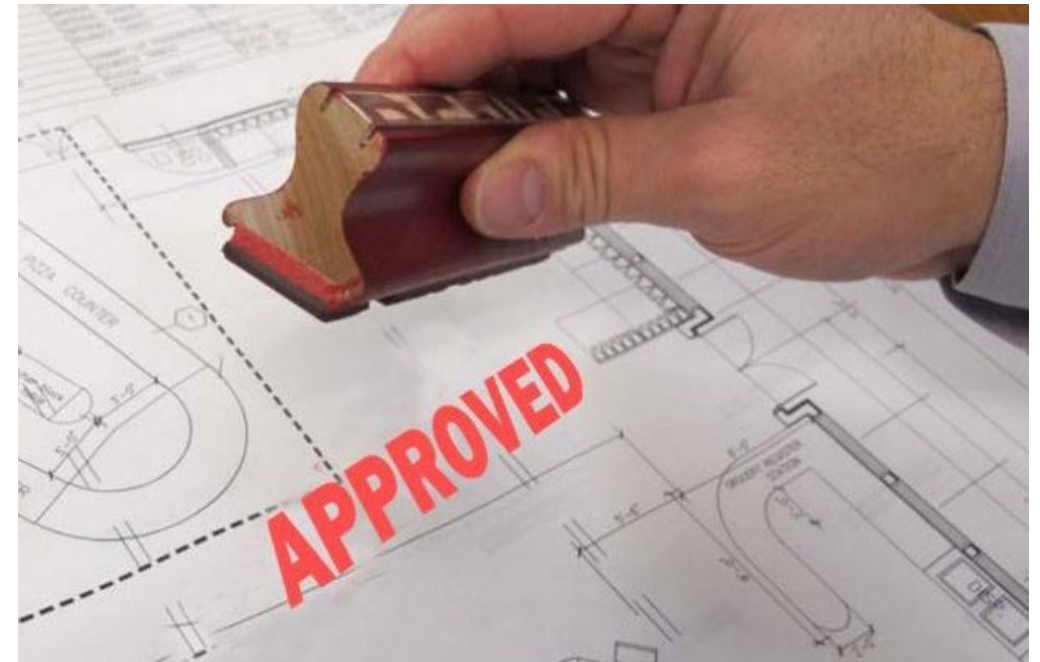
- Why does MDH conduct review plans?
- What are the plan review requirements for assisted living?
- AL licensure design requirements.
- What projects does MDH engineering not review?
- What projects does MDH engineering need to review?
- How to submit plans.
- Website.

# Why Does MDH Review Plans?

MDH Engineering reviews plans to help providers stay in compliance with 144G.

MDH's review helps catch non-compliant plans before construction starts.

- Construction changes are expensive. Erasing on a plan is less expensive than demolition.
- Non-compliant plans can delay project completion and licensure.
- There are a lot of codes that any facility must meet, and an architect/engineer is needed to ensure compliance with all codes.



# Current AL Plan Review Requirements

- MN Statutes 144G regulate and define licensure requirements for assisted living facilities and assisted living facilities with dementia care.
- [MN Statutes 144G.45, Subd. 6a](#) says for all new licensure and construction, MDH requires signed engineer/architectural plans for review.
- [MN Statutes 144G.08 Subd. 42](#) defines new construction as a new building, renovation, modification, reconstruction, physical changes altering the use of occupancy, or addition to a building.

# AL Licensure Design Requirements

## NFPA® 101®

Life Safety Code®

2018



- When you hire an architect to develop plans for any construction, they will propose the appropriate classification of work and design appropriately.
- A common area the designer should go to is the 2018 edition of NFPA 101. This code defines the classification of rehabilitation work categories.
- The architect will define the work category and that category will define what work needs to be done.

# Projects MDH Engineering Generally Does NOT Review

## **144G does not include repair as a classification of work category.**

- Patching, restoration, or painting for the purpose of maintaining those elements in good condition.
- Patching hole in drywall, paint walls or other elements, replace a ceiling tile.
- Replacing carpet, countertops, or cabinets within a resident unit.
- Repairing or replacing wall base within a resident unit.
- Replacing door hardware within resident units that does not change locking provisions.

# What Projects Does MDH Engineering Review?

- Any project that is not classified as a repair by your architect.
- Replacing flooring in a common area, corridor, floor or building.
- Generally, if you are getting a building permit for the work, you will need to submit architectural plans to MDH for review.
- Replacement of water heater/boiler (submit same information in plumbing permit).
- Entire project that includes changes to electrical, plumbing or mechanical systems.
- Entire project that includes any work on life safety code elements like smoke alarms, smoke detectors, ceiling replacement, door replacement.
- Any replacements that update function or are different from equipment being replaced.

# How to Submit Plans

The screenshot shows the Minnesota Department of Health website. At the top, there is a navigation bar with links for 'About Us', 'News & Stories', and 'Translated Materials'. Below this is a search bar with the placeholder text 'I am searching for...'. A main navigation menu includes categories like 'Data, Statistics, and Legislation', 'Diseases and Conditions', 'Health Care Facilities, Providers, and Insurance', 'Healthy Communities, Environments, and Workplaces', and 'Individual and Family Health'. The breadcrumb trail reads: 'Home > Health Care Facilities, Providers and In... > Facility Certification, Regulation and Li...'. The page title is 'Engineering Services for Assisted Living Facilities'. The main content area contains a paragraph about submitting architectural and engineering plans to MDH Engineering for review and approval, with a reference to 'Minn. Stat. § 144G.45 Subd. 6.'. Below this is a section titled 'Assisted Living Plan Submittal Package' which states that the package consists of three components depending on the current licensed resident capacity. A bulleted list provides details: 1. 'Assisted Living Plan Submittal Form (PDF)'; 2. Fee for construction plan review if the review includes construction (details on plan submittal form). If the submittal does not include construction, there is no fee associated with that review; 3. Plans that are drafted in accordance with Minnesota Statutes, section 144G.45, and per sections 144G.80 and 144G.81, as applicable. A sub-bullet for the third item states: 'For facilities with five or fewer residents: A PDF copy of clear, legible, and...'. On the left side, there are sections for 'ENGINEERING SERVICES' with links to 'Engineering Services Home', 'Submittal Process', 'Checklists and Waivers', 'Presentations', 'Fire/Life Safety Code Documentation Guide', 'CMS Adoption of 2012 LSC', 'Assisted Living Facilities', and 'About Us'. Below that is 'RELATED SITES' with links to 'Facility Certification, Regulation and Licensing', 'Health Care Facilities, Providers and Insurance', and 'Assisted Living Licensure'. At the bottom left is 'CONTACT INFO' for the Engineering Services Section, including the phone number 651-201-4200 and the email address health.healthcareengineers@state.mn.us.

**DEPARTMENT OF HEALTH**

I am searching for...

Data, Statistics, and Legislation ▾ Diseases and Conditions ▾ Health Care Facilities, Providers, and Insurance ▾ Healthy Communities, Environments, and Workplaces ▾ Individual and Family Health ▾

Home > Health Care Facilities, Providers and In... > Facility Certification, Regulation and Li...

## Engineering Services for Assisted Living Facilities

Architectural and engineering plans for a new campus building, renovation, addition, or physical changes altering the use of occupancy of a licensed assisted living facility must be submitted to MDH Engineering for review and approval. MDH must be notified within 30 days of completion of construction so that MDH Engineering can plan for a final inspection. For more information about requirements, see [Minn. Stat. § 144G.45 Subd. 6.](#)

### Assisted Living Plan Submittal Package

A complete Assisted Living Plan Submittal Package consists of three (3) components depending on the current licensed resident capacity for the license period.

- [Assisted Living Plan Submittal Form \(PDF\)](#)
- Fee for construction plan review if this review includes construction (details on plan submittal form). If the submittal does not include construction, there is no fee associated with that review
- Plans that are drafted in accordance with [Minnesota Statutes, section 144G.45](#), and per sections [144G.80](#) and [144G.81](#), as applicable.
  - For facilities with five or fewer residents: A PDF copy of clear, legible, and

**ENGINEERING SERVICES**

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- [About Us](#)

**RELATED SITES**

- [Facility Certification, Regulation and Licensing](#)
- [Health Care Facilities, Providers and Insurance](#)
- [Assisted Living Licensure](#)

**CONTACT INFO**

Engineering Services Section  
651-201-4200  
[health.healthcareengineers@state.mn.us](mailto:health.healthcareengineers@state.mn.us)

- Generally, architects will submit the architectural plans for engineering review.
- Go to the following website for the submittal form and process:  
[Engineering Services for Assisted Living Facilities](https://www.health.state.mn.us/facilities/regulation/engineering/assistedliving.html)  
(<https://www.health.state.mn.us/facilities/regulation/engineering/assistedliving.html>)
- Follow the directions on the submittal form. Once submitted, the form will go in the MDH queue for review in the order received.



2020

## MINNESOTA BUILDING CODE

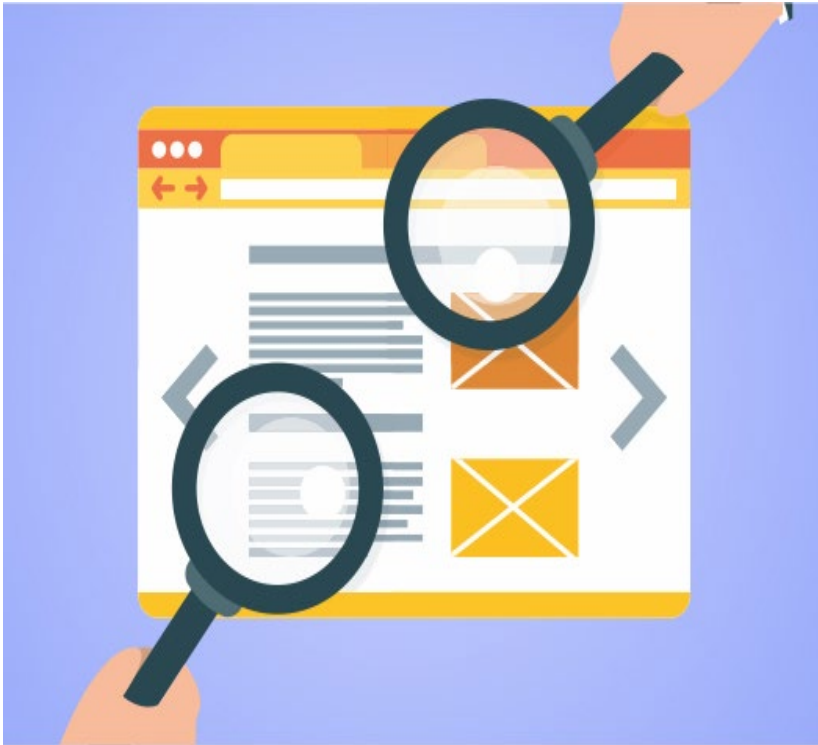


**mi** DEPARTMENT OF  
LABOR AND INDUSTRY

# MDH & DLI/Local

- Don't forget that all construction in licensed healthcare facilities requires a review by the Department of Labor and Industry (DLI) or the local delegated authority.
- Generally, DLI or the local delegated authority will review to the Minnesota State Building Codes. MDH Engineering will review to 144G, NFPA 101 and FGI.
- Remember there must be compliance with MDH and DLI/local. It is not either/or; it is both.

# MDH Engineering Website



- MDH is currently updating the Engineering Services Section of the website, so please check back regularly for the latest information.
- One key improvement is the reorganization of requirements by facility type. This means that most of the information specific to assisted living facilities will now be grouped together in a single, easy-to-navigate location.

Questions?



# Thank You!

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